

Confronting COVID-19



Conducting effective WORKPLACE INSPECTIONS

Ontario's Ministry of Labour tells us, "While the COVID-19 situation is changing rapidly, the legislation and regulations used to govern Ontario's workplaces are not." Consequently, as ever, under Ontario's *Occupational Health and Safety Act* (OHSA) employers must take every reasonable precaution to provide a safe and healthy workplace. The Ministry of Labour must ensure that they do. And workers have three basic hard-won rights: the right to know about the hazards they face; the right to participate in solutions to eliminate hazards and/or control them when they cannot be eliminated; and the right to refuse unsafe work.

WORKER RIGHT TO PARTICIPATE

When it comes to the worker right to participate, this right is best exercised collectively and through worker representatives. The law provides for this too. In workplaces regularly employing 20 or more workers, or where a designated substance is in use, a joint health and safety committee (JHSC) is required. At least half of the members to the committee must not exercise managerial functions and must be chosen by workers, or where applicable, the trade union that represents the workers. In workplaces regularly employing more than five workers and fewer than 20, the workers or their union, where there is one, must choose a worker health and safety representative who also does not exercise managerial functions.

AT LEAST MONTHLY INSPECTIONS

Among the many legal rights and responsibilities of worker JHSC members or worker health and safety representatives is a requirement to inspect the workplace at least monthly. During the COVID-19 crisis this requirement is especially important. In fact, given the evolving nature of this pandemic and what we know about the virus and its transmission, it may not be unreasonable to consider increasing the frequency of workplace inspections. Moreover, with many more workplaces poised to reopen, conducting an inspection prior to workers re-entering the workplace is equally reasonable.

TRACKING ACTION

The following checklist will help guide a COVID-19 workplace inspection. As every workplace is different, these questions are just some of the many issues to consider during a COVID-19-specific inspection. If proper measures are not in place, JHSC committee members or worker health and safety representatives will want to recommend a plan of immediate and specific action to the employer. It is equally important to track the implementation of recommended actions and assess their effectiveness once in place.

N.B. Workers Health & Safety Centre (WHSC) now offers an online COVID-19 training program, delivered virtually in real-time at scheduled dates and times. Participants engage with a highly qualified WHSC instructor and other participants. Like all WHSC programs, this program is applies adult learning principles to ensure learning is achieved.

To learn more:

Visit: www.whsc.on.ca

Check out: Other [WHSC COVID-19 Resources](#)

Call: 1-888-869-7950 toll free

Email: contactus@whsc.on.ca



A Workplace Inspection CHECKLIST



PRE-INSPECTION

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	1) Has a workplace COVID-19 policy and plan to implement the policy been prepared with the full participation of the joint health and safety committee (JHSC) or worker health and safety representative?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	2) Has the employer posted the full policy and plan in the workplace and communicated both to all workers, supervisors, vendors, contractors and clients/customers as appropriate, in writing and in electronic format?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	3) Is the hierarchy of controls driving these workplace efforts to eliminate or at least reduce the possibility of exposure to the COVID-19 virus to the lowest extent possible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	4) As controls 'At the Source' are the most effective, has the workplace considered and JHSC or worker health and safety rep been properly consulted on whether to the degree possible <ul style="list-style-type: none"> o Workers can work from home or continue to work from home? o The workplace can restrict access of others to the workplace (i.e., the public, clients/customers, vendors, contractors)? o Non-essential work can be discontinued or reduced for the duration of the pandemic 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	5) Has the JHSC or worker health and safety rep been fully consulted in decisions regarding: <ul style="list-style-type: none"> o All circumstances that require Personal Protective Equipment (PPE) use (for workers and others in the workplace)? o Type(s) of PPE? o Where required have workers been fit tested for PPE (i.e., N95 masks)? 	

CHECK BOX	PRE-INSPECTION cont'd	REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>6) Has the employer ensured delivery of an adequate COVID-19 training program that covers the following?</p> <ul style="list-style-type: none"> o Hazardous characteristics of COVID-19, routes of transmission and health effects? o Applicable health and safety law and public health directives? o Principles of hazard control and COVID-19 specific workplace controls (i.e., covering physical distancing measures, personal hygiene, enhanced and effective cleaning and disinfecting, illness containment and reporting)? o Personal protective equipment use/limitations/care and/or disposal? 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>7) Is WHMIS training up to date?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>8) Has training been delivered to all workplace parties?</p> <ul style="list-style-type: none"> o Workers? o JHSC members or workplace health and safety representative? o Supervisors? 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>9) Has the JHSC or worker health and safety representative been fully consulted in the development and delivery of the training and/or choice of training provider?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>10) During this pandemic has the workplace considered the scheduling of workplace inspections more frequently than the requirement of once a month (i.e., once a week)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>11) Have you established an inspection protocol allowing for the social (physical) distancing of those conducting the inspection? (In workplaces of 20 or more consider allowing the worker JHSC member to perform inspection alone. This is the minimum obligation under the <i>Occupational Health and Safety Act</i> (OHSA).)</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>12) Are inspection reports shared electronically? (Like an electronic version of the COVID-19 policy and plan; doing so eliminates the handling of paper checklists or reports and facilitates the communication of results.)</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>13) Are the names and work location(s) of JHSC members or the worker health and safety rep posted prominently (i.e., OHSA requires this for JHSCs, a good practice for worker health and safety reps too)?</p>	

PHYSICAL DISTANCING

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>14) Are workstations, floorplans, flow of foot traffic configured to allow for a minimum of two metres (6 feet) between workers and others who might be in the workplace?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>15) Are there clearly visible floor/wall markings to clarify necessary physical distancing between workers and/or workers and the public (i.e., distance in line ups, one-way directions for foot traffic)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>16) Where the public is in the workplace is there staff assigned to ensure the public is adhering to physical distancing requirements?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>17) Are interactions with the public limited wherever possible (i.e., cashless transactions, curbside pick up option)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>18) To the degree possible are workers assigned their own work stations and equipment, so as to limit sharing and potential spreading of the virus?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>19) Are lunch and break facilities configured to allow for physical distancing?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>20) Have shift start times, breaks, lunches been staggered to allow for physical distancing at work and travel on public transit to and from work?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>21) Are lobby, reception and common areas configured, including seating, to allow for physical distancing?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>22) Have occupancy limits been set and clearly communicated (with signage) to help achieve physical distancing (i.e., including elevator, washroom occupancy)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>23) Are meetings and training conducted remotely over the internet or phone?</p>	

CHECK BOX	PHYSICAL DISTANCING cont'd	REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	24) If physical distancing is not achievable are the following in place? <input type="checkbox"/> Workstations configured so workers don't face each other? <input type="checkbox"/> Partitions/barriers erected? <input type="checkbox"/> Personal protective equipment (PPE) provided? (For more see PPE below)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	25) Are physical distancing measures being observed by all in the workplace?	

WORKPLACE PERSONAL HYGIENE

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	26) Are adequate hand-washing facilities with soap, hot water, disposable towels and touch-free (or open) waste bins readily available?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	27) Has clear, highly visible signage for proper handwashing and cough/sneeze etiquette been posted at a minimum at all workplace entrances and in all washrooms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	28) Is there an enforced schedule with adequate time for workers to frequently and thoroughly wash their hands?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	29) Are hand dryers disabled or otherwise out of service to prevent transmission of COVID-19 virus-containing droplets?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	30) Where access to hand-washing facility is not convenient or not available, have workers been provided with alcohol-based hand sanitizer (at least 60 per cent alcohol content)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	31) Are hand sanitizing stations available at all entry points to the workplace?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	32) Are tissues and touch-free (or open) waste bins readily available in order to facilitate proper hygiene protocol for the catching of coughs and sneezes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	33) Are personal hygiene measures being observed by all in the workplace?	

CLEANING AND DISINFECTING

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>34) Has the JHSC or worker health and safety rep secured and reviewed all Safety Data Sheets (i.e., where available, as consumer products are not subject to WHMIS regulation) for all cleaners and disinfectants? Have they also taken into consideration the following?</p> <ul style="list-style-type: none"> o Effectiveness against COVID-19 (i.e., approved by EPA and/or Health Canada)? o Safety for worker health (i.e., where possible including less hazardous active ingredients: ethanol, isopropanol, hydrogen peroxide, L-Lactic acid, or citric acid)? o Protocols for the safe use, storage and disposal of these products? 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>35) Are high-touch surfaces cleaned and disinfected at least twice daily, but preferably more often (i.e., counters and key pads and the like after every interaction with clients/customers)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>36) Is the rest of the workplace cleaned and disinfected at least daily?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>37) Have cleaning protocols taken into account the cleaning of soft surfaces too (i.e., upholstered furniture, curtains and rugs)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>38) If work stations and equipment must be shared, are they cleaned and disinfected following use and/or before another uses them?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>39) Are cleaning and disinfecting products (including single-use wipes or towels and product, plus single-use gloves) readily available to workers who are cleaning and disinfecting in between the thorough daily cleanings?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>40) Is there any visible evidence suggesting lack of cleaning and disinfecting (i.e., while the virus is not visible, dirt may be, suggesting cleaning and disinfecting is not been done appropriately)?</p> <ul style="list-style-type: none"> o entrances/exits to workplace o reception/lobby o lunch/break room(s) o door knobs or handles o stair rails, elevator buttons o washroom/hand washing facility o workspaces/workstations o tools, equipment, machinery o change rooms/locker rooms o waste bins o workers/public interface area (i.e., counters, conveyor belts, barriers, keypads) 	

CHECK BOX	CLEANING AND DISINFECTING cont'd	REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	41) Have workplace waste pickup schedules been enhanced to ensure waste bins aren't overflowing and potentially contaminated trash is dealt with safely?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	42) Have workers been reminded to remove all work wear upon returning home and to clean them as often as possible (preferably daily) and/or safely store them until they can be cleaned?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	43) Is an enhanced cleaning/disinfection protocol in place for the workplace should contact tracing identify exposure to a confirmed case of COVID-19 in the workplace?	

VENTILATION

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	44) Has the heating, ventilation and air conditioning (HVAC) system been assessed by a certified technician to ensure it is functioning properly, including duct and filter system (especially if the building is set to return to full occupancy)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	45) Has the ventilation rate been increased and is the HVAC system running longer than normal, 24/7 if possible, to enhance air exchange and thus dilution of airborne contaminants?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	46) Are exhaust fans in bathrooms, change rooms, break/lunch rooms operating at full capacity?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	47) Has the amount of clean outdoor air circulating in the system been increased and consideration given to the following? <ul style="list-style-type: none"> o Greater opening of minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation of potentially contaminated air. o Demand-controlled ventilation (DCV) function disabled so outdoor air intake is NOT automatically reduced? o Opening of windows and doors as a means for increasing intake of outdoor air (although consider external pollutants and any potential functional impacts on any existing ventilation system)? 	

CHECK BOX	VENTILATION cont'd	REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>48) Have the following been considered when it comes to central air filters?</p> <ul style="list-style-type: none"> o Use of high-efficiency filters (i.e., at least minimum efficiency reporting value MERV-13)? o Are filters within their service life and are they properly installed. 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>49) Has use of single-space high-efficiency air cleaner/filtration units been considered?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>50) Is the relative humidity level being kept between 40 and 60 per cent?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>51) Are all HVAC intakes and returns being cleaned and disinfected daily?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>52) Has installation of ultraviolet germicidal irradiation (UVGI) in the ventilation system been considered (disinfection method to kill or inactivate microorganisms)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>53) Has the ventilation system and air flow direction from open windows/doors, fans and local exhaust ventilation, been considered so the air from the breathing zone of one person is not being blown directly into the breathing zone of another?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>54) In health care facilities (i.e., including long-term care facilities and dentist offices) are the following also in place? (Please note this is not an exhaustive list. Among others, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) has developed a comprehensive document setting out requirements for health care facilities.)</p> <ul style="list-style-type: none"> o Established airborne infection isolation rooms (AIIR) for infectious patients or aerosol generating procedures? (These are under slight negative pressure (compared to halls and adjacent rooms), resulting in virus containment in room. o Are doors for AIIR kept closed to hallways wherever possible? o Exhaust fans discharging air from AIIR to outside? o Air change rate for AIIR set at least 12 air changes per hour, with two of these from outdoor air? o Do ventilation systems provide air movement from a clean area (reception area, workstation) to contaminated area (clinical patient care area)? 	

PERSONAL PROTECTIVE EQUIPMENT (PPE)

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	55) Is there an adequate supply of proper PPE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	56) Is it readily available for the circumstances discussed with the employer by the JHSC or worker health and safety representative?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	57) Are all in the workplace using, caring for and/or discarding PPE properly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	58) If required, are others such as workplace visitors or customers properly using PPE?	

MENTAL HEALTH

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	59) Is there any evidence of workers experiencing fear and anxiety? (Consider surveying them to learn about possible sources of concern and what the workplace can do to mitigate them.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	60) Is there a confidential mental health support plan in place (i.e., Employee Assistance Program)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	61) If so, are workers (and other workplace parties) being made aware of the program, including how to access support and/or offered resources?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	62) If not, are workers being made aware of mental health resources publicly available?	

ILLNESS CONTAINMENT AND REPORTING

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>63) Is a protocol in place to restrict workers from work should they experience symptoms while away from work and/or exposed to a person with a suspected/presumed/confirmed case of COVID-19 or returned from international travel in the last 14 days (i.e., inform work, stay home, take the Ontario government self-assessment, seek testing/medical treatment, quarantine)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>64) Is a process in place to restrict workplace access to the public who are exhibiting symptoms, who have returned from international travel in the last 14 days or come into contact with a suspected/presumed/confirmed case of COVID-19?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>65) Is clearly visible signage in place to help promote these restrictions (in language(s) and/or symbols to ensure understanding by workers and others)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>66) Is a process in place should workers become ill at work and exhibit COVID-19 related symptoms in the workplace (i.e., put on a surgical mask, report to supervisor, leave immediately or wait in designated area for pickup)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>67) Is a process in place should customers/clients/others become ill and exhibit COVID-19 related symptoms in the workplace (i.e., report to supervisor, supervisor asks them to leave the workplace immediately)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>68) Is personal protective equipment available for those who become ill at work (i.e., supply of surgical facemasks)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>69) Is there an isolation room or dedicated area away from others available for those who become ill at work and/who cannot leave immediately because they are too ill and must wait for a friend or family member to pick them up?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>70) Is a system in place to track worker location(s) and interactions to assist with transmission tracing in the workplace?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>71) Is a system in place to track others who enter the workplace to assist with transmission tracing (i.e., where applicable only allowing appointments by reservation, establishing a visitor log, both asking for full names and phone numbers)?</p>	

CHECK BOX	ILLNESS CONTAINMENT AND REPORTING cont'd	REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>72) Has the employer designated someone to report COVID-19 cases to the appropriate authorities?</p> <ul style="list-style-type: none"> o Occupationally acquired COVID-19 to the Ministry of Labour, JHSC or worker health safety rep and union where applicable? o An illness outbreak in health care facilities to the local public health unit? o An illness outbreak in a long-term care facility to the Ministry of Health and Long-Term Care? 	

TRAINING AND INFORMATION

CHECK BOX		REQUIRED FOLLOW UP ACTION (IF ANY)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>73) Are workers and supervisors demonstrating the retention of training and hence the adequacy of training? (This might be assessed by posing questions during the inspection. The following is by no means an exhaustive list.)</p> <ul style="list-style-type: none"> o Can they describe routes of transmission and the symptoms of COVID-19? o Can they explain the various control measures established in the workplace? <ul style="list-style-type: none"> • Minimum two-metre physical distancing? • Frequent and thorough handwashing? • Proper cough/sneeze etiquette? • Cleaning AND disinfecting of frequently touched surfaces? o Do they know to whom they must report illness or other concerns? o Can they identify the meaning of WHMIS pictograms? o If required, are they wearing PPE properly? o Can they demonstrate how to properly put on and take off PPE? 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p>74) Is important related COVID-19 information posted on the health and safety bulletin board up to date (i.e., notices, posters, fact sheets and web addresses from Health Canada, Public Health Ontario, Government of Ontario and Workers Health & Safety Centre?</p>	